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HEALTH CARE FACILITY

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PRINTED: 11/15/2010
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7502	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/10/2010
NAME OF PROVIDER OR SUPPLIER BOULEVARD TERRACE NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1530 MIDDLE TENNESSEE BLVD MURFREESBORO, TN 37130		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 705	<p>1200-8-6-.06(4)(cc) Basic Services</p> <p>(4) Nursing Services.</p> <p>(cc) A registered nurse may make the actual determination and pronouncement of death under the following circumstances:</p> <ol style="list-style-type: none"> 1. The deceased was a resident of a nursing home; 2. The death was anticipated, and the attending physician or nursing home medical director has agreed in writing to sign the death certificate. Such agreement by the attending physician or nursing home medical director must be present with the deceased at the place of death; 3. The nurse is licensed by the state; and, 4. The nurse is employed by the nursing home in which the deceased resided. <p>This Rule is not met as evidenced by: Based on medical record review and interview the facility failed to have a Registered Nurse pronounce the death of one resident (#18) of two resident deaths reviewed.</p> <p>The findings included:</p> <p>Resident #18 was admitted to the facility on August 11, 2010, with diagnoses including Pneumonia, Atrial Fibrillation, and Alzheimer's Dementia.</p> <p>Medical record review of a Nurse's Note dated August 31, 2010, revealed a note by Licensed Practical Nurse (LPN) #3 "...9:30 a.m., Res</p>	N 705	<p>An Administrative RN call schedule was put into effect for deaths occurring if an RN is not on duty.</p> <p>The policy was updated and reviewed by the Medical Director and the DON (attached)</p> <p>An in-service will be accomplished with all licensed staff, including part-time and PRN on the policy and procedure</p> <p>The Medical Records Director will review Discharge documentation for 100% of patients who expire in facility and alert the DON for Non-compliance</p>	<p>11-10-2010</p> <p>11-18-2010</p> <p>12-17-2010</p> <p>11-10-2010</p>	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE

(X6) DATE

6899

3BEL11

If continuation sheet 1 of 2

Division of Health Care Facilities

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N 705	<p>Continued From page 1</p> <p>observed without resp. (respirations) BP (blood pressure) or heartbeat...11am funeral home here& body released to funeral home..."</p> <p>Medical record review of a physician's order dated August 31, 2010, revealed the facility could release the body to the funeral home, and the order was signed by LPN #3.</p> <p>Interview on November 10, 2010, at 10:28 a.m., in the conference room with the Director of Nursing confirmed the facility failed to have a Registered Nurse to pronounce the resident's death as required.</p>	N 705			